

Form - II

Disability Certificate

(In cases of amputation or complete permanent paralysis of limbs
and in cases of blindness)

NAME AND ADDRESS OF THE
MEDICAL AUTHORITY
ISSUING THE CERTIFICATE



Certificate No.

Date: 10.10.2021

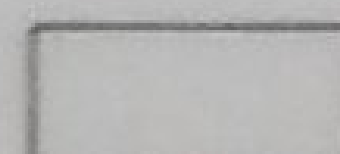
This is to certify that I have carefully examined
Shri/Smt./Kum. L. G. SRINIVASAN
son/wife/daughter of Shri. L. R. GANESH - L. G. GIRIJA Date of
Birth 07 04 2001 Age 20 years, male/female MALE
(date) (month) (year)

Registration No. _____ permanent resident of Houseⁿ No. 24/1
Ward/Village/Street BACKLIAM STREET, ANUPANADI Post-Office MUNICHALAI
District MADURAI State TAMILNADU whose photograph is affixed
above, and am satisfied that:

(A) he/she is a case of:



Locomotor Disability



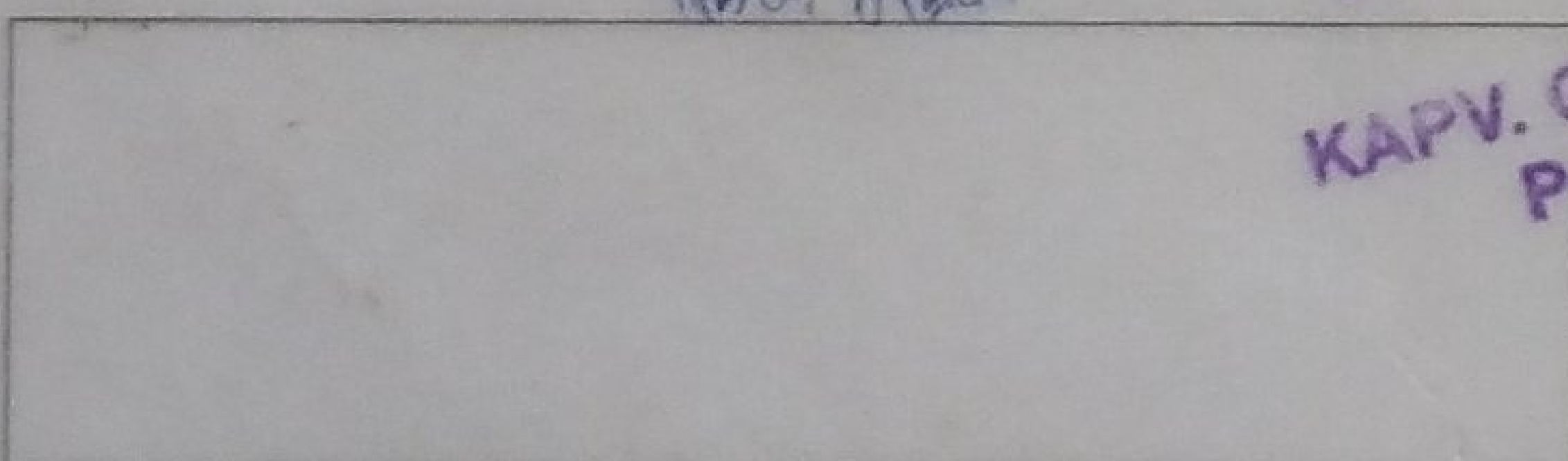
Blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is ... haemochromatosis multiple exostoses ... Severely ... percent
(1) He/She has 70 % (in figure) ... percent
(in words) permanent physical Impairment/blindness in relation to his/her-----
(part of body) as per guidelines (to be specified).

(2) The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate
<u>C1 Scar = cartilage cap @</u> <u>3.0 cm in length,</u> <u>ulnar, humerus</u> <u>Tibia, Fibula</u>	<u>1.10.21</u>	<u>Assistant Professor</u> <u>M.G.M. Hospital</u> <u>Attached to</u> <u>KAPV. Govt. Medical College</u> <u>Puthur, Trichy-17.</u>



Signature/Thumb Impression of the
Person in whose Favour disability
Certificate is issued

(Signature and seal of authorized
Signatory of notified Medical Authority)

Dr. Suresh
1.10.21
K.A.P.V. Govt. Medical
M.G.M.G.H. Trichy-17